Edgar Filing: Sarver Robert Gary - Form 4

Sarver Robe	ert Gary									
Form 4 August 18, 2	2017									
FORM	ЛЛ								APPROVAL	
Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAI							Expires:	January 31, 2005		
subject t Section Form 4 Form 5	16. or			RITIES				Estimated burden ho response	d average ours per	
obligatio may con <i>See</i> Instr 1(b).	ons Section 170	(a) of the Pul		lding Con	ipany	y Act of	1935 or Section	on		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Sarver Robert Gary			2. Issuer Name and Ticker or Trading Symbol WESTERN ALLIANCE BANCORPORATION [WAL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Date of Earliest	_	AL		X Director	1	0% Owner	
C/O WEST BANCORF	ERN ALLIANC PORATION, ONI TON STREET, S	(N E 08 E E.	Jate of Earliest A Aonth/Day/Year) 8/16/2017	Transaction			XOfficer (giv below)		ther (specify	
PHOENIX	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
		(7:)					Person			
(City)	(State)	(Zip)				-	uired, Disposed o		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y	te, if Transactio Code	4. Securitie for Disposed (Instr. 3, 4 a Amount	l of (È))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	08/16/2017		S		D	\$ 48.37 (1)	639,882	I	Sarver Family Trust dated 09/29/1997	
Common Stock							54,000	D		
Common Stock							30,000	I	Spouse	

Common Stock	89,822	Ι	SF III Ltd Partnership
Common Stock	33,105	I	Vulture II Corporation
Common Stock	299,432	Ι	Robert G. Sarver Trust dated 09/29/1997
Common Stock	5,000	Ι	Children
Common Stock	6,185 <u>(2)</u>	Ι	401K Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Sarver Robert Gary C/O WESTERN ALLIANCE BANCORPORATION ONE E. WASHINGTON STREET, STE 1400 PHOENIX, AZ 85004	Х		Chairman and CEO			

Signatures

/s/ Dale Gibbons (Attorney-in-fact)

08/18/2017

Date

**Signature of Reporting Person

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Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$48.23

- (1) to \$48.92, inclusive. The reporting person undertakes to provide to Western Alliance Bancorporation, any security holder of Western Alliance Bancorporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within this range.
- (2) Reflects shares held in the 401K Plan to include employer match as of 8/3/17.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.